

# NEEDS ASSESSMENT WORKGROUP

DATE: OCTOBER 21, 2019

TIME: 230-400

LOCATION: Waterbury State Office Complex, Beech (2<sup>nd</sup> floor, badge access required)

ATTENDEES: Perkins, Jennifer (DAIL); Hill, Bard (DAIL); DiStasio, Nicole (DVHA); Ashe, William (UVS); Jennifer Stratton (LCMH); Kaiya Andrews; Masters, Beth; Susan Yuan; Theresa Earle (HCRS); Lynne Cleveland Vitzhum (VCP), Kirsten Murphy (DDC); Kyle Riopel (GMSA).

WEBINAR: [Join Skype Meeting](#)

2:30 – 2:35	<b>MEETING OBJECTIVES</b>	<b>BARD</b>
	<b>Description:</b> <ul style="list-style-type: none"><li>Review today's meeting objective.</li><li>Provide updates on the follow-up tasks.</li></ul>	Inform <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Decide <input type="checkbox"/>

2:35 – 3:05	<b>REVIEW / FINALIZE THE MODIFIED CHART</b>	<b>BARD/JENNIFER</b>
	<b>Description:</b> Chart was sent out to all workgroup members on 10/7/2019. Workgroup members agreed to review the areas in the left-hand column of the chart and indicate by check mark where they feel each area is most significant. (Acknowledging that all areas on the left-hand side are important, some more for context/big picture, others as a necessary component of needs assessment.	Inform <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Decide <input checked="" type="checkbox"/>

For areas identified as supplemental question areas, workgroup members will provide suggestions for other tools to review and sample questions.

**Charts to be sent back by 10/16/2019**

**The workgroup:** Review chart and feedback (provided by 10/16.)

**Attachments:** *SIS-A Supplemental Areas Chart v3.0*

**Decision Points:** Finalize chart to become the basis of workgroup's recommendation to division.

This group has reviewed each area once; is there anything additional about any areas that needs to be considered? Is there any area of the chart we would change? If not, finalize chart.

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3:05 – 3:15	OREGON SUPPLEMENTAL QUESTIONS	BARD
	<b>Description:</b> Review the Oregon Supplemental questions	Inform <input type="checkbox"/>
	<b>Attachments:</b> <i>Oregon Supplemental Questions</i>	Discuss <input checked="" type="checkbox"/>
	<b>Decision Points:</b> Do these questions meet any of the needs we identified? Why or why not?	Decide <input checked="" type="checkbox"/>
	<b>Finalize decision on sample supplemental questions.</b>	

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3:15 – 3:30	DEPARTMENT'S RESPONSE TO FEEDBACK RECEIVED	
	<b>Description:</b> Department will provide response to feedback; specifically, in the areas of Medical Care and Facilitated Communication	
	<b>Attachments:</b> N/A	
	<b>Decision Points:</b> N/A	

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NEXT MEETING: MONDAY, NOVEMBER 4TH AT 230PM IN CHERRY A